



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/12/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER**

**PRR000015107**

**INSTALLATION NAME**

**COSTCO WHOLESALE #335**

**INSTALLATION ADDRESS**

**1185 65TH INFANTRY AVE  
SAN JUAN, PR 009243403**

**MAILING ADDRESS**

**999 LAKE DR ATTN: LICENSING  
ISSAQUAH, WA 98027**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: COSTCO WHOLESALE #335  
or Current Occupant  
ATTN: LISA SIMPSON - LICENSE SPEC  
999 LAKE DR ATTN: LICENSING  
ISSAQUAH, WA 98027**

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2002 AUG -6 PM 4:02

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☐ B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

PRR0000015107

II. Name of Installation (Include company and specific site name)

COSTCO WHOLESALE #335

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1185 65TH INFANTRY AVENUE

Street (Continued)

City or Town

SAN JUAN

State

Zip Code

PR 00924-3403

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

999 LAKE DRIVE ATTN: LICENSING

City or Town

ISSAQUAH

State

Zip Code

WA 98027-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

SIMPSON

(First)

LISA

Job Title

LICENSE SPEC.

Phone Number (Area Code and Number)

425-313-6275

Extension

VI. Installation Contact Address (See instructions)

Fax Number (425) 313 6922-

A. Contact Address  
Location Mailing
☐ Location

☒ Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

COSTCO WHOLESALE CORPORATION

Street, P.O. Box, or Route Number

999 LAKE DRIVE

City or Town

ISSAQUAH

State

Zip Code

WA 98027-

Phone Number (Area Code and Number)

425-313-8100

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

☒ No

Date Changed

Month

Day

Year



-ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D011	2	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- |                     |                     |                    |                            |   |   |   |   |
|---------------------|---------------------|--------------------|----------------------------|---|---|---|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic | 1 | 2 | 3 | 4 |
|---------------------|---------------------|--------------------|----------------------------|---|---|---|---|

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)